

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">09/89788</div>	FILING DATE					
APPLICANT(S)							CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		2			52						
3		1		2			53						
4		1		2			54						
5		1		2			55						
6		1		2			56						
7		1	1				57						
8		1		1			58						
9		1	1				59						
10		1	1				60						
11		1	1				61						
12	1		1				62						
13				1			63						
14				1			64						
15				1			65						
16				1			66						
17			1				67						
18			1				68						
19			1				69						
20			1				70						
21			1				71						
22			1				72						
23			1				73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		1	13				TOTAL IND.						
TOTAL DEP.			15				TOTAL DEP.						
TOTAL CLAIMS			28				TOTAL CLAIMS						